



Application Data Sheet

Application Information

Application number::	<u>10/806,072</u>
Filing Date::	03/22/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title ::	Compositions and Methods of <u>for</u> Treatment of Premature Ejaculation
Attorney Docket Number::	301888.3008-101
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Latin name::	
Variety denomination name::	
Small Entity?::	No
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mingqi
Middle Name::
Family Name:: Lu
Name Suffix::
City of Residence:: Lawrenceville
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 12 Fountayne Ln.
City of mailing address:: Lawrenceville
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08648

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: People's Republic of
China
Status:: Full Capacity
Given Name:: Qin
Middle Name::
Family Name:: Wang
Name Suffix::
City of Residence:: Plainsboro
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 5017 Quail Ridge Dr.
City of mailing address:: Plainsboro

State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08536

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name:: L.
Family Name:: Yeager
Name Suffix::
City of Residence:: Lake Forest
State or Province of Residence:: IL
Country of Residence:: US
Street of mailing address:: 476 Oakwood Ave.
City of mailing address:: Lake Forest
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60045

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Y.
Middle Name:: Joseph
Family Name:: Mo
Name Suffix::
City of Residence:: Princeton
State or Province of Residence:: NJ
Country of Residence:: US

Street of mailing address:: One Bellevue Terr.
City of mailing address:: Princeton
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08540

Correspondence Information

Correspondence Customer Number :: 30407

Phone number:: 508-879-5700
Fax Number: 508-929-3073
E-Mail address:: rpzimmerman@bowditch.com

Representative Information

Representative Customer Number:: 30407

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/456,604	03/21/03
This application	An application claiming the benefit under 35 USC 119(e)	60/456,813	03/21/03

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: NexMed (Holdings) Inc.
Street of mailing address:: 350 Corporate Drive
City of mailing address:: Robbinsville
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08691